

Commonwealth of Massachusetts  
Executive Office of Environmental Affairs  
Department of Environmental Protection

**MASSACHUSETTS BOARD OF CERTIFICATION**

**REQUEST FOR TRAINING CONTACT HOURS (TCH) EVALUATION**

Instructions:

- Type or print clearly in ink only.
- Include the following attachments:
  1. Example of completion form or documentation for course.
  2. Course outline.
  3. List of instructional materials used in course.
  4. Name, address, and background of course instructor.
- Mail application and attachments to:

**Board of Certification of Wastewater Treatment Plant Operators**  
**Department of Environmental Protection**  
**627 Main Street**  
**Worcester, MA 01608**

**Please complete all applicable sections on this form and attach all required materials.**  
**The Board will not consider incomplete requests.**

Name or Association

Address

Daytime Phone Number

Street

Town/City

State

Zip

Name of Person Requesting TCHs

Course or Conference Date(s)

Course or Conference Title

Course or Conference Location

How does this training relate to the operation, maintenance, or management of a Wastewater Treatment Plant?

Lecture Time (hours)

Hands on Lab Time (hours)

Field Trip Length (hours)

Other (explain

How is attendance monitored or verified?

How is a completed program certified? (Pass/Fail, Certificate, Other)

**For Official Use Only**

Date Received

Board  
Date

Approval of  
Board Yes/No

Status and Comments

Certification Number